/FD CAN 508

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## NEVADA FINANCIAL DISCLOSURE STATEMENT (Attach additional sheets if necessary.)

|  | _   |                                       | Ξ.,  |                                       |
|--|---|---------------------------------------|--|---------------------------------------|
|  | l   | 004 JAN - 9                           | A, 8; 32                                       |                                       |
| NAME RIVILL T. Lee   | LENGTH OF RESIDEN                             | ICE IN NEVADA _                       |  |                                       |
| MAILING ADDRESS TOBOY 443  | LENGTH OF RESIDEN                             | IGE NEDSTRICTA                        | WHERE REGI                                     | STERED TO                             |
| CITY, STATE, ZIP GOOD PRODUCT DV 890   | 13 VOTE                                       | NRS 281.571(1                         |  | · · · · · · · · · · · · · · · · · · · |
| TELEPHONE 175-485- 3545  |   | 1010 201.01 1(1                       | ,,,,   |                                       |
|  |   |                                       |  |                                       |
| and the state of t | our atatament is required MRS 2               | P1 571 Subsection                     | 1/a)]·   |                                       |
| List all public offices for which this financial disclos   | sule statement is required (wks 2)            | ANNUAL                                | CANDIDATE                                      | APPOINTMENT                           |
|  |   | all elected and                       | (no later than                                 | to fill unexpired term                |
|  |   | appointed public                      | the 10 <sup>th</sup> day<br>after the last day | of an elected or<br>appointed public  |
|  |   | officers<br>(no later than Jan. 15    | to quality as a                                | officer                               |
|  | _   | each year)                            | candidate)                                     | (within 30 days)<br>NRS               |
| Public Office  | Annual Term or<br>Compensation Date Appointed | NRS<br>281.559(1)(b)<br>281.561(1)(b) | NR\$<br>281.561(1)(a)                          | 281.559(1)(a)                         |
| ASSESSOR   | \$45933.60 LeTion 03                          | 3 1                                   |  |                                       |
|  | \$  |                                       |  |                                       |
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|  | <u> </u>                                      |                                       | المسا  | ш                                     |
|  |   |                                       |  |                                       |
|  |   | _                                     |  |                                       |
| List all general sources of income for you and me  | mbers of your household over 18               | years of age [N                       | IRS 281.571, S                                 | ubsection 1(b)]:                      |
|  |   |                                       |  | Self Household<br>Member              |
|  |   |                                       | (  |                                       |
| Salary   |   |                                       |  |                                       |
| Salary   |   |                                       |  |                                       |
|  |   |                                       |  |                                       |
| business   | <u> </u>                                      | <del></del>                           |  |                                       |
|  |   |                                       | <del>.</del>                                   |                                       |
|  |   |                                       |  | $\Box$                                |
|  |   |                                       | •  |                                       |
|  |   |                                       |  |                                       |
|  |   |                                       |  |                                       |
| List each creditor to whom you or a member of yo   | our household owes \$5,000 or m               | ore [except (1)                       | debt secure                                    | d by mortgage                         |
| or deed of trust on real property which is not requ  | ired to be listed below, and (2) d            | ebt for which a                       | security inte                                  | rest in a motor                       |
| vehicle for personal use was retained by seller] [N  | RS 281.571. Subsection 1(d)l:                 |                                       | •  |                                       |
| versione for personal does was retained by senseright  |   |                                       |  | Self Household                        |
| - 0  |   |                                       |  | Member                                |
| Capitael one   |   |                                       |  |                                       |
| •  |   |                                       |  |                                       |
|  |   |                                       |  |                                       |
|  | <u> </u>                                      | ,                                     |  | <u> </u>                              |
|  |   |                                       |  |                                       |
|  |   | •                                     |  |                                       |

| List each business entity (i.e., organization or enterprise operated for economic gain, including a proprietorship firm, business, trust joint venture, syndicate, corporation or association) with which you or a member of you involved as a trustee, beneficiary of a trust, director, officer, owner in whole or in part, limited or general partner a class of stock or security representing 1% or more of the total outstanding stock or securities issued by the background (n):  | r hous<br>er, or ' | sehold is<br>holder of |
|---|--------------------|------------------------|
| [MAC 201.071, Outsection 1(1)].   | Self               | Household              |
|   |                    | Member                 |
| Horse Business  | ليا                |                        |
|   |                    |                        |
|   |                    |                        |
|   | $\overline{\Box}$  |                        |
|   |                    |                        |
|   | لــا               |                        |
| List specific location and particular use of all real estate (other than personal residence): (1) in which you of your household has a legal or beneficial interest; (2) the fair market value of which is \$2,500 or more; and (3) state or an adjacent state [NRS 281.571, Subsection 1(c)]:  Specific Location  Particular Use  Particular Use  Characteristic process of an aggregate value of \$200 from a doduring the preceding taxable year [except (1) a gift received from a person who is related to you within the consanguinity or affinity; and (2) ceremonial gifts received for a birthday, wedding, anniversary, holiday or other occasion if the donor does not have a substantial interest in your legislative, administrative, or political action] [NRS 281.571, Subsection 1(e)]: | onor<br>third c    | legree of              |
| Donor   | Value o            | of Gift                |
| <u> </u>  |                    |                        |
|   | -                  | <del>-</del>           |
|   | -                  |                        |
| THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.  Date: 9 January 03 Signature: Rutto P. Lee  |                    |                        |
|   |                    |                        |

Revised 8/28/2003